



GL 2019

AB_____

UID _____

DF_____

TOTAL INCOME _____

PERCENTAGE_____

Application for Elderly Tax Assistance for Abatement, Deferment or Freeze

Weston Code of Ordinances Chapter 179, Article IV

Applications must be received by the Tax Collector's Office no later than May 15, 2020

Name _____

SS#_____

Name _____

SS#_____

Property Location_____

Filing Status: Married_____

Mailing Address _____

Unmarried_____

Email _____

Telephone_____

Please note: All questions must be answered. Incomplete applications may result in denial of benefits.

1. Date of Birth

2. Is there a co-owner other than spouse?

Yes_____ No_____

3. Do you share ownership with anyone else?

Yes_____ No_____

If yes Name_____

Their % of ownership_____

4. I and/or my spouse was 65 or older on December 31, 2019 or I was 60 on that date and I am the surviving spouse of a taxpayer qualified for tax relief under this ordinance at the time of his/her death.

Yes _____ No _____

5. I have resided and paid real estate taxes on a residence in Weston of 1 year prior to this application.

Yes _____ No _____

6. Is the property your legal residence and do you occupy your residence more than 183 days each year?

Yes _____ No _____

7. My property taxes are paid. I am not delinquent.
Taxpayer must be current as of May 15th to be eligible for benefits.

Yes _____ No _____

8. I certify that I have applied for State Tax Relief for which I may be eligible.

Yes _____ No _____

Checklist of what you need to submit with this form.

Did you file a Federal Tax Return last year?

Yes _____ No _____

1. Please attach a copy of your Federal Income Tax Return for 2019. If you file separately from your spouse, attach for each.

2. Copies of all untaxed income.

A. Untaxed Social Security Benefits

B. Untaxed IRA Distributions

C. Untaxed Pensions and Annuities

TOTAL INCOME

List your total income from last calendar year below:

Total Income – Form 1040 Line 7B _____

Tax Exempt Interest _____

Untaxed IRA Distributions _____

Untaxed Pensions and Annuities _____

Untaxed Social Security _____

Any Other Income _____

Total All of the Above _____

NET WORTH

3. Net Worth: include fair market value on ALL assets, real and liquid. Please include ALL supporting documents. We will obtain the FMV of your property from the Assessor.

A. Fair Market Value of Real Property _____

Minus Mortgage _____

Loans _____

Total _____

B. Bank accounts (current month statement for checking, savings and any retirement accounts)

C. Stocks and Bonds

D. Any Other Assets

Total Net Worth _____

PLEASE BE SURE TO SIGN AND DATE BELOW.
YOU SHOULD CONTACT US WITH ANY QUESTIONS BY PHONE OR EMAIL.
THERE WILL BE NO APPOINTMENTS THIS YEAR.

Tax office telephone: 203-222-2696 or 2697

Email: cneblett@westonct.gov or inohavec@westonct.gov

*I, _____ do swear or affirm under penalty of perjury that the information contained in this application has been examined by me and to the best of my knowledge and belief is complete and the statements made are true and correct. I acknowledge and understand that, pursuant to Weston Code 179-30(B), falsely reporting total income or information in connection with this request for tax relief may result in denial or loss of the benefits provided pursuant to this ordinance

Signature of Applicant

Date

Revised 3/18/2020